	PATENT A	PPLICATIO. Effecti		Application	OI DO	ockel Num	Der						
		کــلــــــــــــــــــــــــــــــــــ	9EMS	()	148 1	2(/							
		CLAIMS AS FILED - PART I SMALL ENTITY OTHER (Column 1) (Column 2) TYPE OR SMALL											
ТО	TAL CLAIMS		20) 				RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			2) minus 20=		* 0			X\$ 9=		OR	X\$18=	0	
INDEPENDENT CLAIMS			3 minus 3 =		*		X42=			OR	X84=	4	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT					+140=		OR	+280=	A	
* If	the difference	in column 1 is l	less than zero, enter "0" in column 2				TOTAL		OR	TOTAL	740		
CLAIMS AS AMENDED - PART II								OTHER THAN					
	(Column 1) CLAIMS		(Colur				SMALL		ENTITY	OR 1	SMALL		
NT A		REMAINING AFTER AMENDMENT		NUM PREVIO	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	X42=			OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	+140=		OR	+280=		
							ļ	TOTAL			TOTAL		
	(Column 1) (Column 2) (Column 3)							ADDIT. FE	<u> </u>	700	ADDIT. FEE	<u></u>	
_		(Column 1) CLAIMS		HIGH	⊰EST	(Column 3)	ነ ፫		ADDI-	1		ADDI-	
DMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
DME	Total	*	Minus	**		=]	X\$ 9=		OR	X\$18=		
AMENI	Independent	*	Minus	***		=		X42=		OR	X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		1	+280=		
								+140= TOTA	L	OR	TOTAL		
								ADDIT. FEI		OR	ADDIT. FEE		
 	` <u> </u>	(Column 1)			imn 2) HEST	(Column 3	1		1 4551	7		1 4001	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREV	MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X42=	1	OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+	1		1	
	If the entry in cal-	ımn 1 ie leee than l	the entry in co	iumn 2 wri	te "0" in c	olumn 3.		+140=	<u> </u>	OR	+280= TOTA		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	ADDIT. FEE		
	The "Highest Nur	mber Previously Pa	aid For" (Total	or Indepen	dent) is th	e highest numl	ber fo	ound in the a	appropriate b	ox in c	olumn 1.		

NOTICE OF FEE DUE



DAIL.	_0/-	$\propto \omega$					
TO:	Appl	Catio	m -				
FROM:	Office of 1	Initial Pat	ent Examinat	on			
SUBJECT:	Fee Due	# 7	40				
APPLICAT	TION NUM	BER: 🗘	00645	51/			
Office for the authorization	he followin on to charge appropriate	g reason. a deposi	cument submi Please check t account. If a authorization	the applicati in authorizati	on for the	appropriate sent, please	
☐ Insuffic	ient fee by	check					
Insuffici	ent funds in	n deposit	account				
□ Declined	d credit card	i					
□ Non autl	norization f	or charge	to deposit acc	count			
☐ No fee s	ubmitted pe	r require	ment i				
			,				
The correct	fee code: _	101		amount	\$	740	_
The suspend	led fee code	e: 197	·	amount	- \$	0	
Fee Due				amount	=\$	740	
f you have a Eleanor Kurt			contact Cyntl	nia Streater a	t 703-306	-5430 o <u>r</u>	
erminal Op	erator	For	W.	. ·			